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Preface

It is our pleasure to publish in this supplement the papers which were presented at the International Vibramycin Symposium which was held in Paris on June 14, 1974.

Vibramycin is certainly not a new drug and it could be asked, ‘Why a symposium on Vibramycin at this time?’ It is true that Vibramycin was first made available to the medical profession in 1967. Since then it has been extensively and successfully used in a large variety of infectious diseases caused by a wide and varied spectrum of microorganisms. The interest shown in this drug by clinicians, specialists, as well as by general practitioners is without doubt the consequence of its unique properties (which have been previously defined and reported) which differentiate it clearly from the other members of the tetracycline group. It is sufficient to say that their existence has provoked continuous pharmacodynamic and clinical research during the years that the drug has been used by physicians. The results of these investigations have been
regularly reported in the literature and are familiar to you; others have been reported on the occasion of previous symposia. The objectives of the latter have always been either to report new interesting findings in a particular field or to try to answer queries raised by the medical profession. The Paris Symposium belonged to the second category and the questions were as follows:

Is there a relationship between the excellent efficacy of Vibramycin in the treatment of upper and lower respiratory infections and its concentration in the respiratory tract tissues?

Is this efficacy still as good as it was when the drug was introduced?

It is clear from a review of the papers published in this issue that these important and basic questions have been answered. It has been shown that the oral administration of Vibramycin at the original recommended dosage schedule of 100–200 mg/day in a single administration provided concentrations in the tissues as well as the secretions of the upper and lower respiratory tract, which

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are above the MICs of the microorganisms most commonly responsible for infection in this system. This, together with the demonstration of a lack of an increase in resistance to Vibramycin over the years, is a most reassuring fact in the medical world where resistance is an ever-increasing problem.

Vibramycin remains the drug of choice for the treatment of infections of the respiratory tract. This was confirmed by the two large field trials performed during the winters of 1972-1973 and 1973-1974. The rapidity of action and the high rate of efficacy shown throughout Europe clearly demonstrate that there has been no decrease in its effectiveness. Time seems to have had no influence on the quality and rapidity of response.

The medical profession, as well as the authorities responsible for public health, are more and more concerned by the efficacy and safety of the new drugs, and also of the drugs that have been available for many years. In these circumstances, we thought it useful to bring these findings into the public domain.

Professor J.F. Acar, Head of the Department of Microbiology at the St. Joseph’s Hospital in Paris chaired the morning session of the Symposium, while Dr. J.C. Gould, director of the Central Microbiological Laboratories in Edinburgh, chaired the afternoon session. Both contributed greatly to the success and running of the meeting.

Furthermore, it is obvious that this Symposium and the gathering of this information was only possible because of the assistance of over 300 investigators located in eight European countries. We would therefore like to express on behalf of Pfizer Europe our most sincere thanks to the chairmen and to all of those who have contributed to the success of this International Vibramycin Symposium.

H. Swarz and H.F.I. Lahon